

Personal Care Verification Form

Student Name: _____ DOB: _____

IEP Initiation/Amendment Date: _____

Time Period(s): _____

Does the student have 1:1 support between classes and or locations? ☐ yes ☐ no

Does the student have 1:1 support all day, including lunch and recess? ☐ yes ☐ no

(if the answer to either of the above questions is no, do not bill personal care)

School Day	Total Hours Student is at School
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total Hours	

Does the student receive Personal Care on the bus? If "Yes", how many hours per week?
Total Bus Hours

IEP services that combine to be Personal Care	
Service Description	Weekly Hours from IEP
Total Personal Care Hrs	

Other 1:1 IEP services when a Personal Care Aide is not present	
Service Description	Weekly Hours from IEP
Total Other 1:1 Services	

Total School and Bus Hours _____

Total IEP Hours _____

If the Total School and Bus Hours and the Total IEP Hours are different, explain the difference.
